

General

Title

Osteoporosis testing in older women: the percentage of Medicare women 65 to 85 years of age who report ever having received a bone density test to check for osteoporosis.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of Medicare women 65 to 85 years of age who report ever having received a bone density test to check for osteoporosis.

This measure is collected using the Medicare Health Outcome Survey (HOS). Results are calculated by the National Committee for Quality Assurance (NCQA) using data collected in the combined baseline and follow-up survey samples from the same measurement year.

Rationale

Osteoporosis is the most common of the bone diseases that will affect Americans (National Institute of Arthritis and Musculoskeletal and Skin Disorders [NIAMS], n.d.). In the United States (U.S.), 10 million people are estimated to have osteoporosis; another 34 million are estimated to have low bone mass, placing them at risk for osteoporosis and related fractures (NIAMS, n.d.). The prevalence of osteoporosis is high among older women. Published economic assessments suggest that diagnosis and treatment of women at risk for osteoporosis would be more cost-effective by targeting treatment to those with the lowest bone measurement results.

In 2002, the U.S. Preventive Services Task Force (USPSTF) updated its previous recommendations on osteoporosis screening and found at least fair evidence that screening improves health outcomes. It concluded that benefits significantly outweigh any harm, and recommends that clinicians routinely screen all women aged 65 and older for osteoporosis (USPSTF, 2002).

Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Institute of Arthritis and Musculoskeletal and Skin Disorders (NIAMS). Osteoporosis: progress and promise. [internet]. Bethesda (MD): National Institutes of Health (NIH); [accessed 2003 Dec 30].

U.S. Preventive Services Task Force. Screening for osteoporosis in postmenopausal women: recommendations and rationale. *Ann Intern Med.* 2002 Sep 17;137(6):526-8. [33 references]

Primary Health Components

Osteoporosis; bone density test

Denominator Description

The number of female Medicare members age 65 to 85 years as of December 31 of the measurement year who responded "Yes" or "No" to the question "Have you ever had a bone density test to check for osteoporosis, sometimes thought of as 'brittle bones'? This test would have been done to your back or hip."

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

The number of members in the denominator who responded "Yes" to the question "Have you ever had a bone density test to check for osteoporosis, sometimes thought of as 'brittle bones'? This test would have been done to your back or hip."

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

- Osteoporosis is a bone disease characterized by low bone mass, which leads to bone fragility and increased susceptibility to fractures of the hip, spine and wrist (National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS], 2012). Osteoporotic fractures, particularly hip fractures, are associated with chronic pain and disability, loss of independence, decreased quality of life and increased mortality (U.S. Preventive Services Task Force [USPSTF], 2011).
- By 2025, annual fractures are expected to rise by almost 50 percent and incur \$25.3 billion in health care costs (Burge et al., 2007).
- Osteoporosis is more common in women than men and is more common in white persons than in any other racial group (USPSTF, 2011). The prevalence of osteoporosis increases with age: 7 percent of women 50 to 59 have osteoporosis, 10 percent of women 60 to 69, 27 percent of women 70 to 79 and 35 percent of women 80 years and older have it (Looker et al., 2012).
- Osteoporotic fractures are responsible for almost 2.5 million medical office visits and for more than 432,000 hospital and 180,000 nursing home admissions each year (U.S. Department of Health and Human Services [DHHS] & Office of the Surgeon General, 2004).
- Osteoporosis is a serious disease in the elderly that can impact their quality of life. With appropriate screening and treatment, the risk of osteoporosis-related fractures can be reduced.

Evidence for Additional Information Supporting Need for the Measure

Burge R, Dawson-Hughes B, Solomon DH, Wong JB, King A, Tosteson A. Incidence and economic burden of osteoporosis-related fractures in the United States, 2005-2025. *J Bone Miner Res.* 2007 Mar;22(3):465-75. [PubMed](#)

Looker AC, Borrud LG, Dawson-Hughes B, Shepherd JA, Wright NC. Osteoporosis or low bone mass at the femur neck or lumbar spine in older adults: United States, 2005-2008. NCHS data brief no 93. Hyattsville (MD): National Center for Health Statistics (NCHS); 2012.

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). Osteoporosis: overview. Bethesda (MD): National Institutes of Health (NIH); 2012 Jan. 5 p.

U.S. Department of Health and Human Services (DHHS), Office of the Surgeon General. Bone health and osteoporosis: a report of the Surgeon General. Rockville (MD): U.S. Department of Health and Human Services (DHHS); 2004.

U.S. Preventive Services Task Force (USPSTF). Recommendations and rationale: screening for osteoporosis in postmenopausal women. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2011 Jan.

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 65 to 85 years

Target Population Gender

Female (only)

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

The number of female Medicare members age 65 to 85 years as of December 31 of the measurement year who responded "Yes" or "No" to the question "Have you ever had a bone density test to check for osteoporosis, sometimes thought of as 'brittle bones'? This test would have been done to your back or hip."

Exclusions

Members assigned one of the following disposition status codes are ineligible for the survey:

- Deceased*

- Not enrolled in the Medicare Advantage Organization (MAO)

- Language barrier

- Removed from sample

- Duplicate, beneficiary listed twice in the sample frame

- Bad address and nonworking/unlisted phone number, or member is unknown at the dialed phone number

- Nonresponse:

- Partial complete survey (between 50 percent and 79 percent completed *or* 80 percent or more completed with an Activities of Daily Living [ADL] item unanswered)

- Break-off (less than 50 percent completed)

- Refusal

- Respondent unavailable

- Respondent physically or mentally incapacitated

- Respondent institutionalized

- Nonresponse after maximum attempts

*Deceased members are excluded from follow-up samples but are included in the calculation of Health Outcomes Survey (HOS) results.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of members in the denominator who responded "Yes" to the question "Have you ever had a bone density test to check for osteoporosis, sometimes thought of as 'brittle bones'? This test would have been done to your back or hip."

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Medicare Health Outcomes Survey (HOS)

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Osteoporosis testing in older women (OTO).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Measures Collected Through Medicare Health Outcomes Survey

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2016 Feb 25

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on June 20, 2008. The information was verified by the measure developer on August 6, 2008.

This NQMC summary was updated by ECRI Institute on March 16, 2009. The information was not verified by the measure developer.

This NQMC summary was updated by ECRI Institute on May 28, 2010, October 17, 2011, November 29, 2012, August 5, 2013, April 23, 2014, May 5, 2015, and again on March 18, 2016.

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Production

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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